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T O TO TO TO TO	1200-6-0-08 (1) Plant (1) A nursing home a maintain the condition is overall nursing in manner that the safe esidents are assured his Rule is not met assortion on been valor as adomatic sprinte coparty. he findings include: been safe that the auto marating through a O half above calling his finding was verifie rector and accorder tog the exit confere 12.	theil construct, arrand of the physical plane environment in by and well-being of it.  as evidenced by:  , the facility falled to be system is installed in a system is installed in the contider by not the the contider by the Administration of the	ge, and on and such a the such a	N 831	How will corrective action accomplished for those resisted found to have been affected deficient practice?  A Licensed Architect has completed an independe of the cited firewall. This conducted on 21DEC20 professional opinion that firewall be reclassified a conflict with statute 120 under Building Standard available, his findings we reported to the Department Health for approval.  How will the facility identify residents as having the pote affected by the same deficie practice?  A Licensed Architect has completed an independence of the remaining firewall facility. This was conducted a same to complete the same deficiency of the same deficiency. It is his propinion that all firewalls reclassified so as not to continue the same deficiency of the same deficiency. This was conducted an independency of the remaining firewall facility. This was conducted an independency of the remaining firewall facility and the same deficiency of the remaining firewall facility. This was conducted as not to continue the same deficiency of the remaining firewall facility. This was conducted as not to continue the same deficiency of the remaining firewall facility. This was conducted as not to continue the same deficiency of the remaining firewall facility. This was conducted as not to continue the same deficiency of the remaining firewall facility and the same deficiency of the s	dents I by the s nt review s was 12. It is t t the o as not t 0-8-608 s. Once ill be ent of y other ential to t ent s nt review ls in the cted on ofessiona will be conflict d under ce	uis o	
   	Care Partition	6-7		reported to the Departme Health for approval.  Continued on next pa	ige	zwie		

<sup>&</sup>quot;Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

TATEMENT OF DEFICIENT NO PLAN OF CORRECTION		#3 th	(02) REATIPLE CONSTRUCTION				
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	ND REHABILITATION CENTER		138 (	GENERATION PRIVE PORT, TN 37821			
	LATY STATEMENT OF DEPICIENCIES FICIENCY MUST BE PRECEDED BY FU RY OR LSC IDENTIFYING INFORMATIC	LL PREFIX	T	PROVIDERS PLAN OF CORRECT (PACH CORRECTIVE ACTION SHOO CROSS-REFERENCED TO THE APPRI DEPCEMENT)	TION ALD BE OPRIATE	COMPU	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLER/CLIA IDENTIFICATION NUMBER: OMB NO. 0838-0391 AND PLAN OF CORRECTION OC! METPLE CONSTRUCTION (X3) OATE SURVEY COMPLETED A BUILDING Ot - MAIN D. WING. 4453504 NAME OF PROVIDER OR SUPPLIER 12/10/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NEWPORT HEALTH AND REHABILITATION CENTER 135 GENERATION DRIVE NEWPORT, TH 37821 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC IDENTIFYING INFORMATION) PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ACTION SKOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETION (00) TAG TAC DEPICIENCY) How will corrective action be N 848 1200-8-6-:08 (18) Building Standards N 848 accomplished for those residents 01/28/2013 found to have been affected by the (18) It shall be demonstrated through the ni tett endiscilicate bna ensig to noissimous deficient practice? each nursing frome a negative air pressure shall A licensed HVAC contractor has be maintained in the solled utility area, toilet been secured to place an exhaust room, janitar's closet, dishweshing and other vent in the "East Wing soiled utility auch solled spaces, and a positive air pressure room". Scheduled to be completed shall be maintained in all clean areas including. but not limited to, clean linen rooms and clean by 28JAN2013. utility rooms. How will the facility identify other This Rule is not met as evidenced by: residents as having the potential to be Based on observation, the facility failed to assure affected by the same deficient a negative air pressure is mainteined in all salled practice? (dirty) areas. A visual inspection was completed on 14DEC2012 to verify that the The findings include: other soiled utility room in the Observation on December 10, 2012 at 2:55 p.m. facility did in-fact have an exhaust revealed that the East Wing soiled utility room vent in place. behind the nurses' station has no negative air flow. What measures will be put in place or This finding was verified by the maintenance systemic changes made to ensure that director and acknowledged by the administrator deficient practice will not recur? during the exit conference on December 10. An audit will be completed monthly by the Director of Maintenance to insure that the soiled utility rooms have functioning exhaust vents. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? The Director of Maintenance will report his findings of above audits to the Quality Assurance/Performance Improvement (QAPI) Committee FORM CNIC-2587(02-90) Prantous Victions Obspices Count ID: 8GH21 on a monthly basis for three months and quarterly thereafter for the next

three quarters.

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